Appendix F: General Information for Authorization

Washington State Health Care Authority

General Information for Authorization

Org	1.	Service Type	2.
Client Information			
Name	3.	Client ID	4.
Living Arrangements	5.	Reference Auth #	6.
Provider Information			
Requesting NPI #	7.	Requesting Fax #	8.
Billing NPI #	9.	Name	10.
Referring NPI #	11.	Referring Fax #	12.
Service Start Date:	13.		14.
Service Request Information			
Description of service being requested: 15.		16.	17.
18. Serial / NEA#		19.	

20. Code Qualifier	21. National Code	22. Mod	23. # Units/Days Requested	24. $ Amount Requested	25. Part # (DME Only)	26. Tooth or Quad #

Medical Information			
Diagnosis Code	27.	Diagnosis name	28.
Place of service	29.		
30. Comments:			

http://hrsa.dshs.wa.gov/mpforms.shtml

Please Fax this form and any supporting documents to 1-866-668-1214.

The material in this facsimile transmission is intended only for the use of the individual to who it is addressed and may contain information that is confidential, privileged, and exempt from disclosure under applicable law. HIPAA Compliance: Unless otherwise authorized in writing by the patient, protected health information will only be used to provide treatment, to see insurance payment, or to perform other specific health care operations.

HCA 13-835 (8/2011)

form 13-835 can be located at http://hrsa.dshs.wa.gov/mpforms.shtml

Authorization for services does not guarantee payment. Providers must meet administrative requirements (client eligibility, claim timeliness, third-party insurance, etc.) before the Agency pays for services.

Appendix F: Instructions to fill out Authorization Request form

Field	Name	Action
		ALL FIELDS MUST BE TYPED
1	Org **(Required)**	Enter the Number that Matches the Program/Unit for the Request Enter the Number that Matches the Program/Unit for the Request 501 - Dental 502 - Durable Medical Equipment (DME) 504 - Home Health 505 - Hospice 506 - Inpatient Hospital 508 - Medical 509 - Medical Nutrition 511 - Outpt Proc/Diag 513 - Physical Medicine & Rehabilitation (PM & R) 514 - Aging and Disability Services Administration (ADSA) 518 – LTAC 519 – Respiratory 521 – Maternity Support
2	Service Type **(Required)**	Enter the letter(s) in all CAPS that represent the service type you are requesting. If you selected "501 –- **Dental**" for field #1, please select one of the following codes for this field: ASC for ASC CWN for Crowns DEN for Dentures DP for Denture/Partial ERSO for ERSO-PA IP for In-Patient ODC for Orthodontic OUTP for Out-Patient PSM for Perio-Scaling/Maintenance PTL for Partial RBS for Rebases RLNS for Relines MISC for Miscellaneous If you selected "502 – **Durable Medical Equipment (DME)**" for field #1, please select one of the following codes for this field: AA for Ambulatory Aids BB for Bath Bench BEM for Bath Equipment (misc.) BGS for Bone Growth Stimulator BP for Breast Pump C for Commode CG for Compression Garments CSC for Commode/Shower Chair DTS for Diabetic Testing Supplies (See Pharmacy Billing Instructions for POS Billing) OS for Orthopedic Shoes OTC for Orthotics OP for Ostomy Products ODME for Other DME OTRR for Other Repairs PL for Patient Lifts PWH for Power Wheelchair - Home PWNF for Power Wheelchair – PWR for Power Wheelchair Repair

Field	Name	Action
		ERSO for ERSO-PA FSFS for Floor Sitter/Feeder Seat HB for Hospital Beds HC for Hospital Cribs IS for Incontinent Supplies MWH for Manual Wheelchair - Home MWNF for Manual Wheelchair – NF MWR for Manual Wheelchair Repair PRS for Prone Standers PROS for Prosthetics RE for Room Equipment SC for Shower Chairs SBS for Specialty "Beds/Surfaces SGD for Speech Generating Devices SF for Standing Frames STND for Standers TU for TENS Units US for Urinary Supplies WDCS for VAC/Wound - decubiti supplies MISC for Miscellaneous If you selected "504 – **Home Health**" for field #1, please select one of the following codes for this field: ERSO for ERSO-PA HH for Home Health MISC for Miscellaneous T for Therapies (PT / OT / ST) If you selected "505 – **Hospice**" for field #1, please select one of the following codes for this field: ERSO for ERSO-PA HSPC for Hospice MISC for Miscellaneous If you selected "506 – **Inpatient Hospital**" for field #1, please select one of the following codes for this field: BS for Bariatric Surgery ERSO for ERSO-PA OOS for Out of State O for Other PAS for PAS RM for Readmission S for Surgery TNP for Transplants VNSS for Vagus Nerve Stimulator MISC for Miscellaneous If you selected "508 – **Medical**" for field #1, please select one of the following codes for this field: BSS2 for Bariatric Surgery Stage 2 BTX for Botox CIERP for Cochlear Implant Exterior Replacement Parts CR for Cardiac Rehab ERSO for ERSO-PA NP for Neuro-Psych OOS for Out of State PSY for Psychotherapy SYN for Synagis T for Therapies (PT/OT/ST) TX for Transportation V for Vision

Field	Name	Action
		HEA for Hearing Aids I for Infusion / Parental Therapy MC for Medications VST for Vest VT for Vision Therapy MISC for Miscellaneous If you selected "509 – **Medical Nutrition**" for field #1, please select one of the following codes for this field EN for Enteral Nutrition MN for Medical Nutrition MISC for Miscellaneous If you selected "511 – **Outpt Proc/Diag**" for field #1, please select one of the following codes for this field: CCTA for Coronary CT Angiogram CI for Cochlear Implants ERSO for ERSO-PA GCK for Gamma/Cyber Knife GT for Genetic Testing HO for Hyperbaric Oxygen MRI for MRI OOS for Out of State OTRS for Other Surgery PSCN for PET Scan O for Other S for Surgery SCAN for Radiology MISC for Miscellaneous If you selected "513 – **Physical Medicine & Rehabilitation (PM & R)**" for field #1, please select one of the following codes for this field: ERSO for ERSO-PA PMR for PM and R MISC for Miscellaneous If you selected "514 – **Aging and Disability Services Administration (ADSA)**" for field #1, please select one of the following codes for this field: PDN for Private Duty Nursing MISC for Miscellaneous If you selected "518 – **LTAC**" for field #1, please select one of the following codes for this field: ERSO for ERSO-PA LTAC for LTAC O for Other

Field	Name	Action
		If you selected "519 – **Respiratory**" for field #1, please select one of the following codes for this field: CPAP for CPAP/BiPAP ERSO for ERSO-PA NEB for Nebulizer OXM for Oximeter OXY for Oxygen SUP for Supplies VENT for Vent O for Other
3	Name **(Required)**	Enter the last name, first name, and middle initial of the client you are requesting authorization for.
4	Client ID **(Required)**	Enter the client ID = 9 numbers followed by WA. For Prior Authorization (PA) requests when the client ID is unknown (e.g. client eligibility pending): ▪ Contact the Agency at 1-800-562-3022 and the appropriate extension of the Authorization Unit (See contact section for further instructions). ▪ A reference PA will be built with a placeholder client ID. ▪ If the PA is approved – once the client ID is known – contact the Agency either by fax or phone with the Client ID. ▪ The PA will be updated and you will be able to bill the services approved.
5	Living Arrangements	Indicate where your patient resides such as, home, group home, assisted living, skilled nursing facility, etc.
6	Reference Auth #	If requesting a change or extension to an existing authorization, please indicate the number in this field.
7	Requesting NPI # **(Required)**	The 10 digit numeric number that has been assigned to the requesting provider by CMS.
8	Requesting Fax#	The fax number of the requesting provider.
9	Servicing NPI # **(Required)**	The 10 digit numeric number that has been assigned to the billing provider by CMS.
10	Name	The name of the billing/servicing provider.
11	Referring NPI #	The 10 digit numeric number that has been assigned to the referring provider by CMS.
12	Referring Fax #	The fax number of the referring provider.
13	Service Start Date	The date the service is planned to be started if known.
15	Description of service being requested **(Required)**	A short description of the service you are requesting (examples, manual wheelchair, eyeglasses, hearing aid).
18	Serial/NEA# **(Required for all DME repairs)**	Enter the serial number of the equipment you are requesting repairs or modifications to or the NEA# to access the x-rays for this request.
20	Code Qualifier **(Required)**	Enter the letter corresponding to the code from below: T - CDT Proc Code C - CPT Proc Code D - DRG P - HCPCS Proc Code I - ICD-9/10 Proc Code R - Rev Code N - NDC-National Drug Code S - ICD-9/10 Diagnosis Code
21	National Code **(Required)**	Enter each service code of the item for which you are requesting authorization that correlates to the Code Qualifier entered.

<table>
<tr><th>Field</th><th>Name</th><th>Action</th></tr>
<tr><td>22</td><td>Modifier</td><td>When appropriate enter a modifier.</td></tr>
<tr><td>23</td><td># Units/Days Requested
(Required)</td><td>Enter the number of units or days being requested for items that have a set allowable. (Refer to the program specific Billing Instructions for the appropriate unit/day designation for the service code entered).</td></tr>
<tr><td>24</td><td>$ Amount Requested
(Required)</td><td>Enter the dollar amount being requested for those service codes that do not have a set allowable. (Refer to the program specific Billing Instructions and fee schedules for assistance) Must be entered in dollars and cents with a decimal (e.g. $400 should be entered as 400.00.</td></tr>
<tr><td>25</td><td>Part # (DME only) (Required for all “By Report” codes requested)</td><td>Enter the manufacturer part # of the item requested.</td></tr>
<tr><td>26</td><td>Tooth or Quad # (Required for dental requests)</td><td>Enter the tooth or quad number as listed below:
QUAD
00 – full mouth
01 – upper arch
02 – lower arch
10 – upper right quadrant
20 – upper left quadrant
30 – lower left quadrant
40 – lower right quadrant

Tooth # 1-32, A-T, AS-TS, and 51-82</td></tr>
<tr><td>27</td><td>Diagnosis Code</td><td>Enter appropriate diagnosis code for condition.</td></tr>
<tr><td>28</td><td>Diagnosis name</td><td>Short description of the diagnosis.</td></tr>
<tr><td>29</td><td>Place of Service</td><td>Enter the appropriate two digit place of service code. CMS maintains the POS code set. To see the code set and definitions go to:

https://www.cms.gov/place-of-service-codes/20_Place_of_Service_Code_Set.asp#TopOfPage

<table>
<tr><th>Place of Service Code(s)</th><th>Place of Service Name</th></tr>
<tr><td>1</td><td>Pharmacy</td></tr>
<tr><td>3</td><td>School</td></tr>
<tr><td>4</td><td>Homeless Shelter</td></tr>
<tr><td>5</td><td>Indian Health Service Free-standing Facility</td></tr>
<tr><td>6</td><td>Indian Health Service Provider-based Facility</td></tr>
<tr><td>7</td><td>Tribal 638 Free-standing Facility</td></tr>
<tr><td>8</td><td>Tribal 638 Provider-based Facility</td></tr>
<tr><td>9</td><td>Prison-Correctional Facility</td></tr>
<tr><td>11</td><td>Office</td></tr>
<tr><td>12</td><td>Home</td></tr>
<tr><td>13</td><td>Assisted Living Facility</td></tr>
<tr><td>14</td><td>Group Home</td></tr>
<tr><td>15</td><td>Mobile Unit</td></tr>
<tr><td>16</td><td>Temporary Lodging</td></tr>
</table></td></tr>
</table>

Field	Name	Action
		17 Walk-in Retail Health Clinic 20 Urgent Care Facility 21 Inpatient Hospital 22 Outpatient Hospital 23 Emergency Room – Hospital 24 Ambulatory Surgical Center 25 Birthing Center 26 Military Treatment Facility 31 Skilled Nursing Facility 32 Nursing Facility 33 Custodial Care Facility 34 Hospice 41 Ambulance - Land 42 Ambulance – Air or Water 49 Independent Clinic 50 Federally Qualified Health Center (FQHC) 51 Inpatient Psychiatric Facility 52 Psychiatric Facility-Partial Hospitalization 53 Community Mental Health Center 54 Intermediate Care Facility (ICF/MR) 55 Residential Substance Abuse Treatment Facility 56 Psychiatric Residential Treatment Center 57 Non-residential Substance Abuse Treatment Facility 60 Mass Immunization Center 61 Comprehensive Inpatient Rehabilitation Facility 62 Comprehensive Outpatient Rehabilitation Facility 65 End-Stage Renal Disease Treatment Facility 71 Public Health Clinic 72 Rural Health Clinic (RHC) 81 Independent Laboratory 99 Other Place of Service
30	Comments	Enter any free form information you consider necessary.

- A confirmation fax will be sent to the provider if the fax number can be identified by caller ID. The receiving fax must recognize the number that the fax has been sent from.
- Please do not use a cover sheet when faxing an authorization request. The Authorization Request Form must be the first page of the fax.
- If faxing multiple requests, they must be faxed one at a time.

Appendix F: Use IVR to Check Status of an Authorization

Shortcut

1-800-562-3022

Key [1] + [5] + [2]

What will I hear?

The IVR will play the information only to the provider(s) identified on the authorization.

Search by the client's Services Card number and date of birth or by the authorization number.

If multiple authorization numbers are found,. narrow the search with an NDC or Service Code, as well as an expected date of service.

The types of information available are:

- **Authorization Number**
- Status date
- Status, such as
  - Approved
  - In Review
  - Denied
  - Referred
  - Pending
  - Cancelled

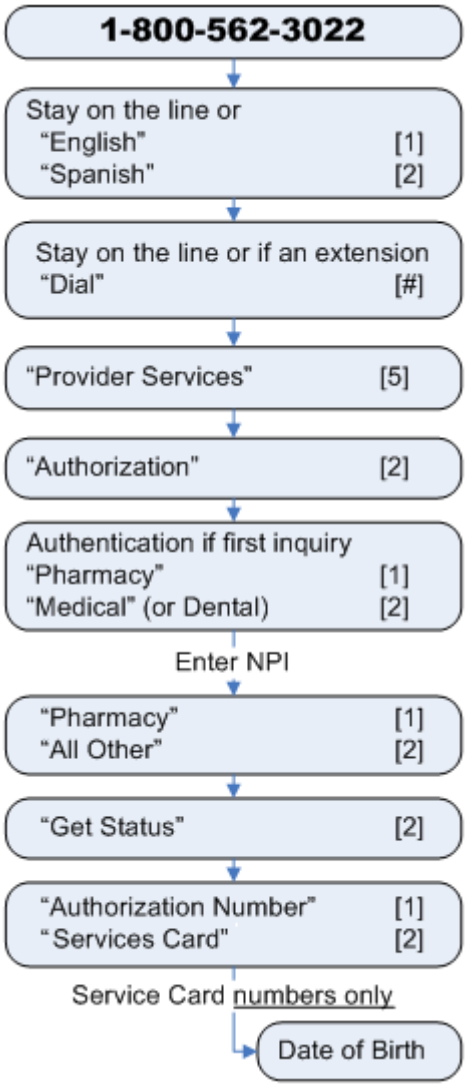
Helpful Hints

- Do not say the"WA" part of the Services Card.
- Say the numbers only for the Services Code, skip the letters.
- Use your phone's "mute" option and key choices for the fastest navigation.

How

The ProviderOne IVR accepts voice responses or **keypad entries**, indicated by brackets [ ]. You can key ahead anytime.

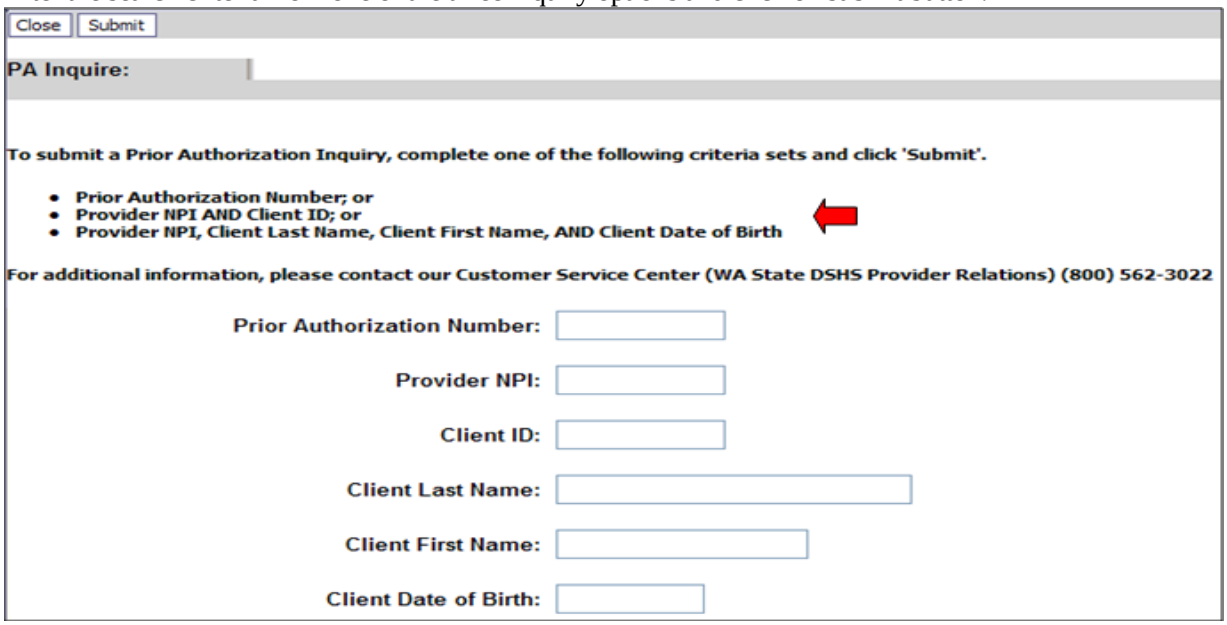
Below is an overview of the prompts, see next page for detailed step-by-step instructions.



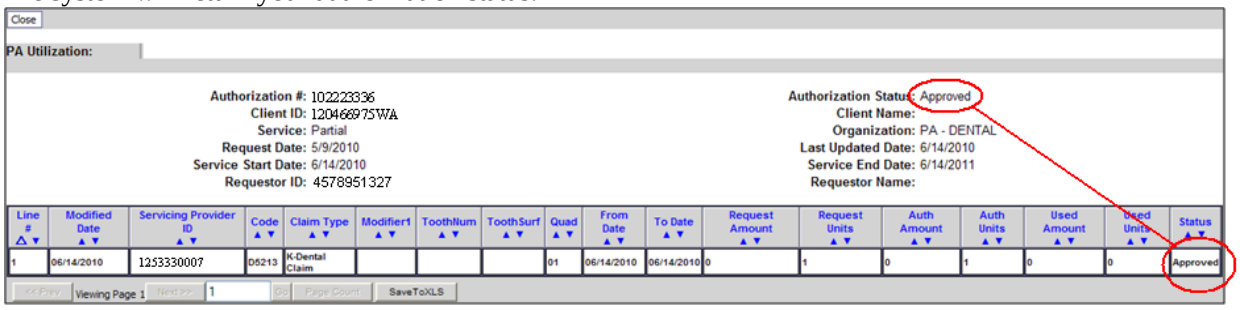
Appendix F: Use ProviderOne to Check Status of an Authorization

Select "Provider Authorization Inquiry" from the provider home page.

Enter the search criteria from one of the three inquiry options and click on submit button.



The system will return your authorization status.



The following Authorization statuses may be returned:

Requested	This means the authorization has been requested and received.
In Review	This means the authorization is currently being reviewed.
Cancelled	This means the authorization request has been cancelled.
Pended	This means we have requested additional information in order to make a decision on the request.
Referred	This means the request has been forwarded to a second level reviewer.
Approved/Hold	This means the request has been approved, but additional information is necessary before the authorization will be released for billing.
Approved/Denied	This means the request has been partially approved and some services have been denied.
Rejected	This means the request was returned to the provider as incomplete.
Approved	This means the Agency has approved the provider's request.
Denied	This means the Agency has denied the provider's request.